

Protocol

M-4

SECTION: M-4

PROTOCOL TITLE: Adult CVA

REVISED: July 21, 2011

BLS SPECIFIC CARE: See *adult General Medical Care Protocol M-1*

- Administer Oxygen (high flow if neurological deficits or altered mental status).
- Reduce any noxious stimuli, dim lights, and minimize stimulation.
- Assess patient ability to swallow and cough, maintain airway through suction.
- Assess for neurologic deficit using The Cincinnati Prehospital Stroke Scale. (*appendix AA*)
- Determine time of onset of symptoms.
- Minimize on-scene time. Perform only essential procedures on-scene and defer others until transport has been initiated.
- Perform the Cincinnati Prehospital Stroke Scale (*appendix AA*) and document the findings on the "Patient Information Sheet".
- Facilitate rapid notification of "Brain Attack" and transport to an appropriate medical facility.

ILS SPECIFIC CARE: See *adult General Medical Care Protocol M-1*

- In acute onset (**less than 3 hours**), an end goal of 2 IV lines, (2 single lumen or 1 single lumen and 1 multi-lumen), is a desirable goal to facilitate cath-lab/thromolytic care. Always have at the minimum 1 single lumen IV established using an 18g or bigger in the right AC.

ALS SPECIFIC CARE: See *adult General Medical Care Protocol M-1*

- Monitor airway status and treat accordingly.
- Correct hypoglycemia if necessary.
- Perform the Cincinnati Prehospital Stroke Scale (*appendix AA*) and document the findings on the "Patient Information Sheet".
- Lowering BP in the face of a hemorrhagic CVA can be catastrophic
- Be prepared to treat seizures

Anticonvulsants:

- Valium (diazepam) IV/IO/PR:
 - IV/IO: 2-10 mg every 5-10 minutes as needed.
 - Maximum 20 mg.
 - PR: 5-10 mg every 5-10 minutes as needed.
 - Maximum of 20 mg.
- Midazolam (Versed) IV/IO/IN/IM:
 - IV/IO: 0.5-2.5 mg every 5-10 minutes as needed
 - Maximum of 5 mg.
 - IN: 5mg with 2.5 mg in each nare
 - Maximum total dose 5 mg.
 - IM: 5mg
 - Maximum dose 5 mg

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